MAXIMUS Federal Services

Case Number:	CM15-0164215		
Date Assigned:	09/01/2015	Date of Injury:	02/28/2000
Decision Date:	10/19/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old male, who sustained an industrial injury on 2-28-2000. He reported back pain. The mechanism of injury is unclear. The injured worker was diagnosed as having lumbar intervertebral disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral intervertebral disc degeneration, post-laminectomy syndrome of lumbar region. Treatment to date has included medications, spinal cord stimulator, home exercises. The request is for Norco, Flexeril, and Zipsor. The records indicate he has been utilizing Norco, Flexeril, and Zipsor since at least February 2015, possibly longer. On 4-1-2014, he indicated Norco 2.5 mg was doing little for his pain in conjunction with the spinal cord stimulator and he wanted to switch back to 10mg. He is not working. On 7-29-2014, he was seen for discussion of weaning Norco for health purposes. He rated his pain 6 out of 10. On 4-20- 2015, he was seen for monthly follow up. He rated his pain 6 out of 10 and indicated there to be no acute changes. He requested a medication refill. He reportedly settled his case recently and now has future medical including shoulder and neck. He indicated he was able to sit for one hour, stand for 20 minutes, and walk for 2 hours. On 5-18-2015, he was seen for monthly follow up. He rated his pain 6 out of 10 and indicted no acute change. He is noted to be at maximum medical improvement and continuing to have palliative treatment with no changes in treatment since October 2014. His current medications are: Norco, Tramadol, Gralise, Zipsor, cyclobenzaprine. The treatment plan included: refilling medications, home exercises, traction unit, and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. In this case, there is no discussion of: current pain level; the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts with the use of Norco. There is no discussion of activities of daily living, adverse side effects, and aberrant drug taking behaviors. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco 10/325mg, #90 is not medically necessary.

Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. In this case, documentation indicates long-term use of muscle relaxants. Physician report fails to demonstrate significant improvement in the injured worker's pain or functional status to justify continued use of Flexeril. The request for Flexeril 7.5mg, #60 is not medically necessary per MTUS guidelines.

Zipsor 25mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Zipsor and Diclofenac potassium. 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDs (non-steroidal anti-inflammatory drugs), Zipsor.

Decision rationale: The CA MTUS does not directly address Zipsor. Per the ODG guidelines, Zipsor (Diclofenac potassium) is a non-steroidal anti-inflammatory drug (NSAID). Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. Documentation fails to demonstrate objective evidence of evidence of significant improvement in pain with long-term use of Zipsor. With MTUS guidelines not being met, the request for Zipsor 25mg #120 is not medically necessary.